



Canada Revenue Agency
Agence du revenu du Canada

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Registered Canadian Amateur Athletic Association Information Return

Identification

Name of association PENTATHLON CANADA	
Address 3800 STEELES AVENUE WEST	
SUITE 400	
City WOODBIDGE,	
Province or territory Ontario	Postal code L4L3G9

Return for fiscal period ending	
2 0 1 9	1 2 3 1
Year	Month Day
Is this the first return filed by this association? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If "no," has the fiscal period changed from the last return filed? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Is this the final return to be filed by this association? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
If "yes," please attach an explanation.	
File number	0495184
BN/Registration number	133000018 R R 0001

Is the address above the same mailing address as last year?

Yes ☐ No ☒

If no, is the address above the new mailing address?

Yes ☒ No ☐

Instructions

1. Complete the Identification area.

Complete the boxes (above right) to indicate the end of the association's fiscal period.

Attach FINANCIAL STATEMENTS for the fiscal period covered by this return. These should include a statement of revenue and expenditures for the fiscal period and a statement of assets and liabilities as of the end of the fiscal period. The statements should indicate the different sources of revenue in sufficient detail to show how funds were spent or invested.

Attach a list of the names, addresses, and occupations or lines of business of the association's current directors.

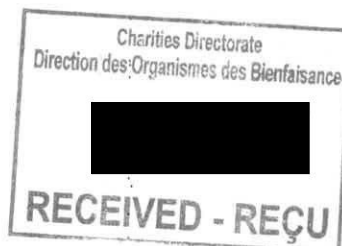
Attach a list of the names and the official positions of the people who are authorized to issue official receipts for the association.

Attach a note that fully explains what replacement procedure is followed in the event of lost or spoiled receipts.

Within six months from the end of the fiscal period of the association, mail or deliver a completed return and all required documents to:

Charities Directorate
Canada Revenue Agency
Ottawa ON K1A 0L5

Authorized by the Minister of National Revenue.



Information required

1. Have any changes not previously reported been made to the association's governing documents? If yes, please attach a certified copy of the changes. Yes ☐ No ☒
2. Have complete books and records been kept (including duplicate copies of receipts) which fully substantiate all financial transactions during the fiscal period? If no, please attach an explanation. Yes ☐ No ☒
3. Please indicate the total amount for which the association issued official donation receipts in this fiscal period. \$ 2075.00
4. Are the receipt forms used to acknowledge payments that are NOT gifts clearly distinguishable from official donation receipts which bear the BN/registration number? If no, please attach an explanation. Yes ☐ No ☒
5. Did the association issue official donation receipts showing a date in the previous calendar year for donations that were mailed or otherwise submitted after the end of the calendar year? If yes, please attach an explanation. Yes ☒ No ☐
6. Have official donation receipts been issued to acknowledge donations in a form other than cash or cheque - e.g., goods, services rendered, etc.? If yes, please attach a list of these gifts and their value as shown on the official donation receipt. Yes ☐ No ☒
7. Has any amount donated to the association been returned to the donor during the year? If yes, please attach an explanation. Yes ☐ No ☒
- 8 a. During the fiscal period, did the association accept any gifts with the express or implied condition that such gifts were to be used for the benefit of another person, club, society or association? If yes, please attach an explanation. Yes ☐ No ☒
- b. Did the association issue an official donation receipt to acknowledge such a gift? Yes ☐ No ☒

Certification

To be signed by two directors of the association.

1. I, REMO CIGAGNA of [REDACTED]
Name of director whose signature appears below.
2. I, SHAUN LAGRANGE of [REDACTED]
Name of director whose signature appears below. Address

HEREBY CERTIFY that the information given in this return and in all attachments is, to the best of my knowledge, correct, complete and current. (Note: It is a serious offense under the Income Tax Act to provide false or deceptive information.)

1. Signature of director	<u>[REDACTED]</u>	Position with the association	<u>TREASURER - DIRECTOR</u>
Home telephone number	<u>[REDACTED]</u>	Business telephone number	<u>[REDACTED]</u>
Date	<u>[REDACTED]</u>		
2. Signature of director	<u>[REDACTED]</u>	Position with the association	<u>DIRECTOR</u>
Home telephone number	<u>[REDACTED]</u>	Business telephone number	<u>[REDACTED]</u>
Date	<u>[REDACTED]</u>		



Financial Statements of

Pentathlon Canada

Year ended December 31, 2019

(Not Unaudited)



Pentathlon Canada

PENTATHLON CANADA Statement of Financial Position As at December 31

	2019	2018
CURRENT ASSETS		
Cash - [REDACTED]	\$ 4,417.80	\$ 8,892.86
Accounts Receivable	1,300.00	5,494.15
	<u>\$ 5,717.80</u>	<u>\$ 14,387.01</u>
CURRENT LIABILITIES		
Income Taxes payable from Summer Jobs Program	\$ 117.32	\$ 1,606.99
Accounts payable	406.05	1,453.92
	<u>523.37</u>	<u>3,060.91</u>
MEMBERS' EQUITY		
Surplus at the end of the year	<u>5,194.43</u>	<u>11,326.10</u>
	<u>\$ 5,717.80</u>	<u>\$ 14,387.01</u>

On behalf of the Board:

Director:

Director: [REDACTED]



Pentathlon Canada

PENTATHLON CANADA
Statement of Revenues and Expenditures
For the Years ended December 31, 2019 and 2018

REVENUE	2019	2018
General Donations	\$ 2,075.00	\$ 2,750.00
Donation from Pentathlon Alberta	1,200.00	0.00
Canadian Olympic Committee Grants	0.00	16,000.00
Membership Fees from Provinces	3,120.00	3,240.00
Recovered Expenses	0.00	6,438.88
Sale of Promotional Items	119.57	266.53
GST/HST Rebate	1,105.43	4,625.89
UIPM Reimbursement	2,061.43	5,552.44
	<u>\$ 9,681.43</u>	<u>\$ 38,873.54</u>
EXPENSES		
Annual General Meeting	\$ 402.98	\$ 267.65
Advertising	0.00	101.70
Awards	0.00	300.00
Bank Charges	353.59	130.00
Non Recoverable advances to athletes	5,494.15	0.00
Liability Insurance	316.40	1,098.30
Grant to Pentathlon Ontario	500.00	0.00
National Team Events - Schedule "A"	5,604.08	14,340.02
Office Salaries	2,013.74	2,392.00
██████ Fees	63.38	206.93
Reimbursement of athletes' expenses - Clothing	798.45	0.00
Teleconferencing	249.54	192.89
UIPM Congress, Cypress	0.00	1,014.92
Web Administration	0.00	46.61
Web Site Development	0.00	8,363.25
UIPM Fees	16.79	20.00
	<u>\$ 15,813.10</u>	<u>\$ 28,474.27</u>
Deficiency of Revenue over Expenses (Surplus)	-6,131.67	10,399.27
Surplus at the beginning of the year	11,326.10	926.83
Surplus at the end of the year	<u>\$ 5,194.43</u>	<u>\$ 11,326.10</u>



Financial Statements of

Pentathlon Canada

Year ended December 31, 2019

(Not Unaudited)



Pentathlon Canada

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	<u>\$ 5,717.80</u>	<u>\$ 14,387.01</u>

On behalf of the Board:

Director:

Director: [REDACTED]



Pentathlon Canada

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UIPM Reimbursement	2,061.43	5,552.44
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Grant to Pentathlon Ontario	500.00	0.00
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Pentathlon Canada

PENTATHLON CANADA

National Team Events

Schedule "A"

For the Years Ended December 31, 2019 and 2018

	2019	2018	
Budapest, Hungary	\$ 2,474.05	\$ 7,737.07	Lima, Peru
Sofia, Bulgaria	310.07	1,415.51	UIPM World Champs Seniors, Florida
Berne, Switzerland	467.22	499.97	World Cup #2, L.A., USA
Barcelona, Spain	529.52	4,687.47	Dublin, Ireland, Laser-Run
French Open	249.18		
St. Petersburg, Florida	367.62		
Flights to Europe	1,206.42		
	<u>\$ 5,604.08</u>	<u>\$ 14,340.02</u>	



Canada Revenue
Agency

Agence du revenu
du Canada

Directors/Trustees and Like Officials Worksheet

Protected B when completed

You must give us complete information for each director/trustee and like official who, at any time during the fiscal period of this return, was a member of the charity's board of directors/trustees. Directors/trustees and like officials are persons who govern a registered charity. See the reverse for information on filling out this form.

Total number of directors/trustees and like officials:

Charity name:

Business number:

Return for fiscal period ending (YYYY/MM/DD):

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PENTATHLON CANADA

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Note: If you would like these individuals to have the authority to communicate with the CRA on behalf of your charity, their name must also appear as an owner for your Business Number (BN). For more information, go to canada.ca/charities-giving, select "Operating a registered charity," then "Making a change to your organization" and see "Change director."

Public information	Confidential data
Last name: CIGAGNA First name: REMO Initial: R	
Term ▶ Start date (Y/M/D): 11/9/01 End date (Y/M/D): 11/01/01	
Position: TREASURER At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: OLSEN First name: CONNIE Initial:	
Term ▶ Start date (Y/M/D): 11/9/01 End date (Y/M/D): 11/01/01	
Position: DIRECTOR At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: LAGRANGE First name: SHAWN Initial:	
Term ▶ Start date (Y/M/D): 11/9/01 End date (Y/M/D): 11/01/01	
Position: PRESIDENT At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: First name: Initial:	Residential address – Street number and name:
Term ▶ Start date (Y/M/D): End date (Y/M/D):	City: Prov/Terr: Postal code:
Position: At arm's length with other Directors? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Phone number: Date of birth (Y/M/D):
Last name: First name: Initial:	Residential address – Street number and name:
Term ▶ Start date (Y/M/D): End date (Y/M/D):	City: Prov/Terr: Postal code:
Position: At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone number: Date of birth (Y/M/D):
Last name: First name: Initial:	Residential address – Street number and name:
Term ▶ Start date (Y/M/D): End date (Y/M/D):	City: Prov/Terr: Postal code:
Position: At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone number: Date of birth (Y/M/D):
Last name: First name: Initial:	Residential address – Street number and name:
Term ▶ Start date (Y/M/D): End date (Y/M/D):	City: Prov/Terr: Postal code:
Position: At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone number: Date of birth (Y/M/D):
Last name: First name: Initial:	Residential address – Street number and name:
Term ▶ Start date (Y/M/D): End date (Y/M/D):	City: Prov/Terr: Postal code:
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